

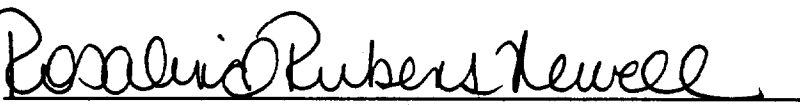
Entered - 07/23/01 - sb  
CL01L0465 - DIANNE C. MITCHELL

CLAIM OF: **C. DALE HARMAN**  
**615 Tuxedo Place, NW**  
**Atlanta, Georgia 30342**

01- *R*-1248

For damages alleged to have been sustained as a result of payment of  
Stormwater Utility Tax on January 22, 1999 for property at 615  
Tuxedo Place, NW.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0465

Date: August 1, 2001

Claimant /Victim C. DALE HARMAN  
BY: (Atty)(Ins. Co.) \_\_\_\_\_  
Address: 615 Tuxedo Place, NW, Atlanta, Georgia 30342  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 119.90 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 07/16/01 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 01/22/99 Place: 615 Tuxedo Place, NW  
Department Finance Division: Treasury  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant is seeking repayment for the stormwater utility tax that he paid pursuant to City Code Section 154-316. A lawsuit was filed against the City by the Fulton County Taxpayers Association and a settlement agreement was reached. Pursuant to that agreement the City was ordered to repay those who had paid this tax. The City mailed checks to persons whom its records showed as having paid the tax and seventy thousand checks were mailed out beginning February, 2000 and, after allowing time for the checks to be processed or returned, the City next placed an advertisement in the Atlanta Journal and Constitution. This advertisement notified those who had paid the tax but had not received a check, the procedures for applying for a refund. The terms of the settlement agreement directed that all claims for refunds had to be received by December 31, 2000, this information was also published in the advertisement. The claimant failed to meet the deadline applying for his refund and has been advised of the reasons for the same.

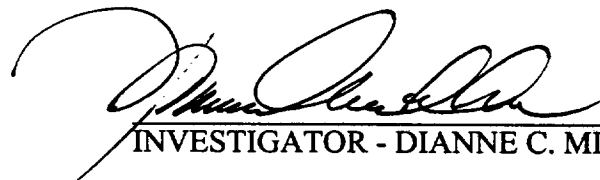
### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others X Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager: [Signature] Concur/date 08-01-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall/Suite 2700  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

**RECEIVED**

JUL 16 2001

RE: CLAIM FOR DAMAGES

*M. Mitchell*  
07/20/01  
*Pu*

**MUNICIPAL CLERK**

TODAY'S DATE: 12 July '01

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 119 90 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

ENTERED - 7-23-01 - SB  
01L0465 - DIANNE MITCHELL

1. Date of incident: \_\_\_\_\_  
(month day year)
2. Police called: \_\_\_\_\_  
(Yes) (No)
3. Location of incident: \_\_\_\_\_
4. Name of your insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

5. State what and how incident occurred: I did not receive a refund after paying the Storm Water Utility Tax that was found illegal by the court. I am attaching correspondence and proof of payment. I will appreciate your consideration in re-imbursing me. Thank you.  
(Use other side if necessary)

**6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**

7. The registered owner must make the claim for vehicle damages. Complete the following and attach two (2) estimates of repair.

Your vehicle: \_\_\_\_\_  
(make) (year) (tag#) (driver's name)

City vehicle: \_\_\_\_\_  
(make) (driver's name) (department)

8. Witness: \_\_\_\_\_  
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE.

E. Dale Harman (SEAL)  
(claimant)  
615 Tubelo Rd. N.W.  
(address)  
Atlanta Ga 30342  
(city) (state) (zip)  
404 231-9656 404 231-3946  
(home) (phone) (work)

01-L-1248